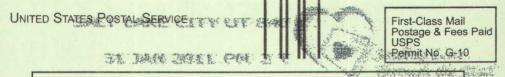
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X  Agent  Addressee  B. Received by (Printed Name)  Tiffanic Mace  31/11
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
TM CRUSHING PO BOX 437 LEHI UT 84043	
LEHI UT 64043	3. Service Type □ Certified Mail □ Registered □ Insured Mail □ C.O.D.
EB 1-27-11 S1649/6081	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label)	4 2510 0004 1824 7340
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540



Sender: Please print your name, address, and ZIP+4 in this box

## RECEIVED

FEB 0 1 2011

EMILY BERRY
STATE OF UTAH
DIV. OF OIL, GAS & MINING
DIVISION OF OIL GAS & MINING
PO BOX 145801
SALT LAKE CITY UT 84114-5801

## U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)		
For delivery information visit our website at www.usps.com		
ERO FZF-110 5/04/1000 SE		
Postage	\$	MC-2010-1709
Certified Fee		
Return Receipt Fee (Endorsement Required)		Postmark Here
Restricted Delivery Fee (Endorsement Required)		
Total Pos		
Sent To PO BOX	(437	
Street, Apt LEHI UT or PO Box	84043	
City, State		
DESIGNATION OF THE PARTY OF THE		and the same of th

14EC

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